

IRON HORSE PT AND PERFORMANCE NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW CAREFULLY:

I am required by the State of Washington to provide confidentiality for all medical/health records and other individually identifiable health information in my possession. This Notice is to inform you of the uses and disclosures of confidential information that may be made by IRON HORSE PT AND PERFORMANCE, and of your individual rights and IRON HORSE PT AND PERFORMANCE'S legal duties with respect to confidential information.

Ways in which I may use and disclose your protected Health information:

I may use and disclose at my discretion your medical records for each of the following purposes only: treatment, payment and health care operations.

- Treatment means providing, coordinating or managing health care and related services.
- **Payment** means activities such as obtaining payment for the health care services I provide for you from your insurance or another third party payer.
- **Health care operations** include the business aspects of running a practice.

I may contact you to provide appointment reminders or other services that may be of interest to you. I will disclose your protected health information to any person you identify that is involved in payment for your care.

I will use and disclose your protected health information when required by federal, state or local law. There are certain situations in which as a therapist I am required by ethical standards to reveal information obtained during therapy to persons or agencies even if you do not give permission. These situations are as follows: (a) If you threaten grave bodily harm or death to yourself or another person, I am required by ethical standards to inform the intended victim and/or appropriate law enforcement agencies; (b) if you report to me your knowledge of physical or sexual abuse of a minor child or of an elder (over 65) or any sexual conduct/contact with a minor, I am required by law to inform the appropriate child welfare or social agency which may then investigate the matter; (c) if I am required by a court of law (court order) to turn over records to the court or if I am ordered to testify regarding those records.

Any other uses and disclosures will be made only with your written authorization. You will be provided with an authorization form upon request. A separate form will be needed for each request for release of information. The authorization for release of records is valid until it expires or is revoked. You may revoke authorization in writing, and I am required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Please sign to indicate you understand my operation use of your information for treatment, payment and health care operations as stated above:

PAYMENT POLICY

IRON HORSE PT AND PERFORMANCE, PLLC is a fee-for-service clinic. We collect payment at the time of service.

We do not bill insurance directly. If you have out of network (OON) benefits through your insurance company, you may submit a claim which may be eligible for reimbursement. Please request a Superbill from us in writing.

You are responsible for calling your insurance company to inquire about OON benefits and to see if a physician's referral or pre-authorization are required.

Due to Medicare's rules, you **cannot** submit OON claims to Medicare.

Prices are as follows:

Medical Services

(qualifies for insurance reimbursement)

Physical Therapy / Rehabilitation

Physical Therapy Appointments: \$225.00

Physical Therapy Package of 6 Appts: \$1200 (\$200.00)

Bike fitting

Road, gravel, MTB iterative fits: **\$225.00** per appointment. Does not include parts. (Can qualify for insurance reimbursement)

Other "Non-medical" services

(Does not qualify for insurance reimbursement)

Running Consultation

Running Performance = \$225.00

Running Performance 4 pack = \$800 (\$200.00)

Virtual Consultation (30 minute) + Training Plan = \$150.00

Strength and conditioning programming

Evaluation, Strength, and Conditioning: \$225.00

Strength & Conditioning Package of 4 Appts: \$800 (200.00)

We accept payment by cash, check, credit, debit, or HSA/FSA cards (via Square). Returned checks will incur a \$50 charge.

*I have reviewed the clinic fees and understand that I am responsible for payment at the time of service. I understand I am responsible for contacting my insurance company in advance regarding OON benefits, pre-authorization, referrals, and claims. I understand I cannot submit for reimbursement to Medicare.

CANCELLATION POLICY

Cancellations: We require a minimum of 24 hours notice for all cancellations. We appreciate knowing sooner if possible. This allows us to fill your appointment slot with another patient/client in need. We keep a running wait list. Please be respectful of this policy.

You may cancel via phone or email.

Late arrivals: If you are going to be late for your appointment, please call, text, or email our office to notify us of your expected arrival time. If you arrive more than 30 minutes past your appointment start time, you forfeit your appointment and will be charged for the full visit. Your therapist may decide to see you for the remaining time left at their discretion.

1st late cancel: \$100 due

Subsequent late cancels: \$125 due

No show: full amount due

Late arrival >30 minutes: full amount due and appointment forfeited

Extenuating circumstances will be considered on a case by case basis; please contact by email.

Patients are responsible for knowing when their appointments are scheduled. Although our scheduling system sends reminders, please do not rely solely on this system as it does occasionally experience errors. Note that if late cancellations or late arrivals become a chronic occurrence, we reserve the right to cancel upcoming appointments and offer them to other patients in need.